

**DEPARTMENT OF HUMAN SERVICES  
INSTRUCTIONS FOR  
MAINECARE HOME HEALTH ADMIT/DISCHARGE FORM**

**THIS FORM COMMUNICATES ADMISSIONS AND DISCHARGES OF MEMBERS ON THE MAINECARE HOME HEALTH PROGRAM.**

**Member Name:** Enter the complete name of the member. First, MI, Last Name

**MaineCare Number:** Enter 9 digit MaineCare number.

**Provider Contact Person:** Enter name of the contact person from your agency that may be contacted to discuss the admission/discharge or status of this member.

**Provider Name:** Enter your agency name. Do not enter a corporate company name.

**Provider Telephone:** Enter your agency's phone number.

**Provider Fax:** Enter your agency's fax number.

**NEW ADMIT TO YOUR AGENCY:**

Original Start of Care Date \_\_\_\_\_  
(send only to BEAS Fax # 287-9231)

**Original Start of Care Date:** Enter original start of care date and check the box to indicate when the member was first admitted to your agency under MaineCare Home Health. Fax this form to BEAS at 207-287-9231. Upon receipt of this form, the Department will review your information, and a reimbursement code will be entered into the Department's claims system, if the member appears to be medically eligible for home health services. To avoid payment problems, home health agencies must submit the form to BEAS on the date of admission or the next working day. Please keep a copy of the form and verification, if submitted by fax (a fax print journal is best), to document that it has been forwarded to BEAS.

**Psychiatric Medication Services Only:** If the member has a severe and disabling mental illness that meets the eligibility requirement set forth in Section 17 and they are receiving MaineCare Home Health services for medication administration or monitoring only, check this box and enter the start of care date. (**Reminder:** These members do not need prior authorization for this service. If they require additional services they will need an assessment done by Goold Health Systems before any additional services will be reimbursed by MaineCare.) **Do not check off RN under Current Plan of Care Services if Psychiatric Medication Services is the only service the member is receiving.** A DMHMRSAS Form must be completed on each member on an annual basis, and must accompany the member's admission paperwork.

**CURRENT PLAN OF CARE SERVICES:** Indicate if the plan of care was started with verbal orders from physician by checking either the **Yes** or **No** box. Enter the services that are being delivered as certified by the physician. Enter the start date for each of those services. The member's medical condition must require skilled services on a part-time or intermittent basis, or otherwise no less than twice per month. If the member is receiving psychiatric medication services only, DO NOT check off the Psychiatric Medication Services box under this section. You will have filled out the section on Psychiatric Medication Services Only. If the member is receiving psychiatric medication services and additional services, check off all appropriate boxes in this section.

**Section 40.02-3: MaineCare Home Health Medical Eligibility Requirements:** MaineCare members must meet specific medical eligibility criteria before a Home Health Agency will be reimbursed for providing home health

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services under this MaineCare funding source. Home Health Services may be provided to MaineCare members if member meets the eligibility requirements as specified in Chapter II, Section 40.02-3 of the MaineCare Benefits Manual. Home Health services include, but are not limited to:

- ★ **RN Teach/Train:** This category of service is for members who require teaching and training for a medical condition. The home health agency must request PA following the first 60 days, according to policy requirements. There is a maximum of 120 days of service per admission allowed under this category.
- ★ **RN Assessment and Management:** This category of service is available **ONLY** if the member's medical condition requires assessment and management for a **new or recent** medical condition that has occurred within the past 30 days. The home health agency must request PA after the first 60 days, and there is a maximum of 120 days of service per admission allowed under this category.
- ★ **Therapy Services:** Home Health Agencies will need to request prior authorization for Physical, Occupational or Speech-Language Therapies when:
  - Physical Therapy visits exceed 20 visits per fiscal year; or
  - Occupational Therapy visits exceed 20 visits per fiscal year; or
  - Speech-Language Therapy visits exceed 35 visits per fiscal year.
- ★ **Medical Social Services:** This category of services is **ONLY ALLOWED** if it is done in conjunction with skilled nursing services, or physical, occupational or speech or language therapy services. MSS services are not reimbursed under MaineCare Home Health as a stand-alone service.

**DISCHARGED TO (send only to BEAS Fax # 287-9231):** This section is used to notify the Department of all MaineCare Home Health discharges on the day of discharge. When a member is discharged from your agency, fax this form to BEAS. Check off the appropriate discharge reason, name of program or facility when applicable, and the Home Health End Date.

When EIM notifies the HHA that services for a MaineCare LTC program will begin, the HHA will send this Admit/Discharge form to BEAS with Discharged to Other Long-term Care Program checked off. The Home Health End Date entered will be last day of Awaiting Placement coverage. This is the date that will be entered into the claims management system.

**Person completing this form:** The person completing this form should sign and date in the space provided.

Please keep a copy of this admit/discharge form and verification, if submitted by fax (a fax print journal is best), to document that it has been forwarded to BEAS.